## PART B -FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents

P.O. Box 1450 Alexandria Virginia 22313-1450

or Fax (571) 273-2885						
INSTRUCTIONS: This form should be used for tr appropriate. All further correspondence including t as indicated unless corrected below or directed othe for maintenance fee notifications.	he Patent, adv	ISSUE FEE	and PUBLI ind notificat	CATION FEE on of maintena	nce fees will be mailed to th	ne current correspondence addres
CURRENT CORRESPONDENCE ADDRESS (None the Block 1 for any change of address) 959 — 7590 — 04/14/2010 LAHIVE & COCKFIELD, LLP FLOOR 30, SUITE 3000 One Post Office Square Boston, Massachusetts 02/109-21/27				Note: A certificate of mailing can only be used for domestic mailings of the Feedy Transmitat. This certificate cannot be used for any obser accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.  Certificate of Mailing or Transmission Theority of T		
						(Signature
APPLICATION NO. FILING DATE FIRST NAMED INVE			ED INVEN	OR	ATTORNEY DOCKET N	
09/857,675 06/07/2001	Ralf FISCH				IPQ-003USRCE	9966
TITLE OF INVENTION: METHOD FOR TRANSMITTING SHORT MESSAGES						
APPLN. TYPE SMALL ENTITY	ISSUE FEE		PUBLIC	ATION FEE	TOTAL FEE(S) DUE	DATE DUE
Non-Provisional NO	\$1,510.00			\$0	\$1,516.00	07/14/2010
EXAMINER	ART UNIT		CLASS-SUBCLASS			
TORRES, MARCOS L  1. Change of correspondence address or indication	17 455-466000  2. For printing on the patent front page, list					
Address" (37 CFR 1.363).  Change of correspondence address (or Correspondence Address form PTO/SB/12  "Fee Address" indication (or "Fee Address form PTO/SB/47; Rev 03-02 or more rece Use of a Customer Number is required.	(1) the names of up to 3 registered patent at attempts or agents. OR, alternatively, (2) the name of a single firm (having as a member a registered attempt or a gent) and the names of up to 2 registered patent attempts or agents. If no name is listed, no anne will be printed.					
3. ASSIGNEE NAME AND RESIDENCE DATA	TO BE PRIN	NTED ON TH	IE PATENT	(print or type)		
PLEASE NOTE: Unless an assignee is identifie for recordation as set forth in 37 CFR 3.11. Con (A) NAME OF ASSIGNEE IPCOM GMBH & CO, KG	d below, no as apletion of this	s form is NO	Γa substitute	for filing an as CE: (CITY and	n assignee is identified belo signment. STATE OR COUNTRY)	w, the document has been filed
Please check the appropriate assignee category or categories (will not be printed on the patent): Individual X Corporation or other private group entity Government						
4a. The following fee(s) are enclosed:    X   Issue Fee   A check in the amount of the fee(s) is enclosed.   Publication Fee (No small entity discount permitted)   Payment by credit card. Form PTO-2038 is attached.   X   Advance Order # of Copies 2   X   The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 12,0080						
Change in Entity Status (from status indicated     a. Applicant claims SMALL ENTITY stat     The Director of the USPTO is requested to apply the Is	us. See 37 CF					r status. See 37 CFR 1.27(g)(2).
NOTE: The Issue Fee and Publication Fee (if required interest as shown by the records of the United States Pa	l) will not be a	ecepted from a	anyone other	than the applica	nt; a registered attorney or ago	ent; or the assignee or other party i
Authorized Signature /Kevin J. Canning/					Date	July 14, 2010
Typed or printed name Kevin J. Canning					Registration No.	35,470